

PROVIDER QUICK POINTS

PROVIDER INFORMATION



September 25, 2015

Quality Improvement Information Available in Provider Press Publication

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) publishes an online Provider Press every quarter. The online newsletter contains medical and behavioral health policy updates, coding articles, various topics related to Quality Improvement and other helpful provider related topics. Issues are published in March, June, September, and December. Below are summaries of some of the Quality Improvement articles published in September's Provider Press online newsletter.

The Quality Improvement (QI) Program is a member-focused program which serves to improve the quality of health care and services delivered to our plan members. Every year, Blue Cross reviews the care delivered to our subscribers. This review determines the goals for the quality program. More detailed information is available about Blue Cross' process and outcomes in meeting quality improvement goals related to subscriber care and service.

Utilization Management (UM) decision making is based only on appropriateness of care and service and on existing coverage provisions. Blue Cross does not compensate providers, practitioners or other individuals making UM decisions for denial of coverage or services. We do not offer incentives to decision makers to encourage denial of coverage or services that would result in less than appropriate care.

Blue Cross believes that the use of **clinical practice guidelines** is a key component of Quality Improvement. Each year, Blue Cross' Clinical Practice Quality Committee approves the adoption of select guidelines that are used to support various programs and initiatives. The guidelines do not substitute for sound clinical judgment; however, they are intended to assist clinicians in understanding key processes for improvement efforts. Clinical Practice Guidelines are available in Chapter Three of the Blue Cross Provider Policy and Procedure Manual.

Medical Record Documentation. Periodically we review a random sample of patient records to help identify improvement opportunities. The goal of this year's review was to evaluate documentation of provider-member discussions, education, and shared decision making for: Advance Directives; BMI and Obesity Counseling; and Tobacco Cessation. More detailed information is available about the results of this year's review.

To find more information on these and other topics, access the Provider Press following these steps:

1. Go online to **providers.bluecrossmn.com**
2. On the right side under "What's Inside" click on Forms & Publications
3. In the dropdown box, select Provider Press

To request a mailed copy of the Provider Press Newsletter or for additional information on the article summaries provided above, please contact Lisa Kluskowski, Accreditation Coordinator, at **(651) 662-2775**.

Helpful phone numbers:

- Provider Service, BLUELINE (voice response unit): **(651) 662-5200** or **1-800-262-0820**
- BlueCard® member benefits or eligibility: **1-800-676-BLUE (2583)**
- FEP® (voice response unit): **(651) 662-5044** or **1-800-859-2128**
- Availability: **1-800-282-4548**

Not all provider publications are mailed out to providers. The majority of our information is posted to our website for providers to view. **Providers can sign up to get RSS (really simple syndication) feeds** of our latest news releases and updates to provider-related publications. Go to **providers.bluecrossmn.com** and enter "RSS" in the search window to learn more about RSS.

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